

DOC. NO.
26-06-00-99/08/20OFFICE OF
VITAL
STATISTICSCERTIFICATE OF DEATH
State of Delaware (107)

LOCAL REG NO.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

STATE FILE NUMBER

DECEDENT

TO FUNERAL DIRECTOR: After certificate has been signed by attending physician and completely filled in, forward to funeral director, remove carbons, file parts 1 and 2 with Registrar within 72 hrs. after death and then use Burial-Traavel Permit for disposition of body.

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING OFFICIAL

ITEMS 27-29 MUST BE COMPLETED BY PHYSICIAN OR NURSE WHO PRONOUNCES DEATH

SEE DEFINITION ON OTHER SIDE

CERTIFIER

TO HOSPITAL OR PHYSICIAN — DELAWARE LAW
REQUIRES THAT THE DEATH CERTIFICATE BE
EXECUTED WITHIN 72 HOURS AFTER DEATH

1. DECEDENT'S NAME (FIRST, MIDDLE, LAST) Marissa R Fishman		2. SEX F	3. DATE OF DEATH (MO., DAY, YR.) 8/30/02
4. SOCIAL SECURITY NO.	5A. AGE (YRS) 20	5B. UNDER 1 YEAR MONTHS 20	5C. UNDER 1 DAY HOURS 20
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. ANATOMICAL GIFT <input type="checkbox"/> CONSENT GRANTED <input type="checkbox"/> NOT GRANTED	10A. PLACE OF DEATH (CHECK ONLY ONE, SEE INSTRUCTIONS ON OTHER SIDE) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> COA <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)	
10B. FACILITY NAME (IF NOT INSTITUTION GIVE STREET AND NUMBER) A. I. Dupont Hospital for Children		10C. CITY, TOWN OR LOCATION OF DEATH Wilmington	
11. MARITAL STATUS — MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPEC.)		12. SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME)	
13A. DECEDENT'S USUAL OCCUPATION (KIND OF WORK DURING MOST OF WORKING LIFE, DO NOT USE RETIRED)		13B. KIND OF BUSINESS/INDUSTRY	
14A. RESIDENCE — STATE Pennsylvania	14B. COUNTY Chadds Ford	14C. CITY, TOWN OR LOCATION 110 Kelly Drive	
14D. INSIDE CITY LIMITS? (YES OR NO)	14F. ZIP CODE (Specify)	15. RACE — AMERICAN INDIAN, BLACK, WHITE, ETC. (SPECIFY) White	
16. FATHER'S NAME (FIRST, MIDDLE, LAST)		17. MOTHER'S NAME (FIRST, MIDDLE, MAIDEN SURNAME)	
20A. INFORMANT'S NAME (TYPE/PRINT)		20B. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE)	
21A. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		21B. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY, OR OTHER PLACE)	
21C. LOCATION (CITY, TOWN, STATE)		22A. SIGNATURE OF FUNERAL DIRECTOR Schoenberg	
24. REGISTRAR'S SIGNATURE		26. DATE FILED (MO., DAY, YR.)	
27. TIME OF DEATH 7:03 AM		28. DATE PRONOUNCED DEAD (MO., DAY, YR.) 08-30-02	
29. WAS CASE REFERRED TO MEDICAL EXAMINER? (YES OR NO) YES		30A. CERTIFIER (CHECK ONLY ONE) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 26) <input checked="" type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying the cause of death) <input checked="" type="checkbox"/> MEDICAL EXAMINER (On the basis of examination done by myself, delay and place, and due to the cause(s) and manner as stated.)	
30B. SIGNATURE (PRINT NAME AND TITLE OF CERTIFIER) GLENN STRYJEWSKI, M.D. A.I. Dupont Hospital		30C. LICENSE NUMBER MD	
30D. DATE SIGNED (MO., DAY, YR.) 8/30/02		31. DATE OF INJURY 8/30/02	
32. MANNER OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		33. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY)) Child fell into Pool	
34. TIME OF INJURY 7:00 PM		35. LOCATION (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE) 3220 Coachman Rd., Surrey Park, Wilmington, DE	
40. PART I DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE PER EACH LINE.			
IMMEDIATE CAUSE (FATAL DISEASE, INJURY OR CONDITION THAT IN YOUR OPINION CAUSED THE DEATH) Drowning		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY WHICH INITIATED EVENTS RESULTING IN DEATH) LAST.			
PART II OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO CAUSE OF DEATH			

REV. 9/99

(1) ORIGINAL COPY—STATE

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